ARIZONA STATE DEPARTMENT OF HEALTH (This return should preferably be made plysion of vital statistics by the person who made the original) SUPPLEMENTARY REPORT OF BIRTH Place of Birth Slow and Supplementary Report of Birth (Registration District) EX OF CHILD Twin and Sumber in order of birth (Registration District) EX OF CHILD Twin and Sumber in order of birth (Registration District) EX OF CHILD Twin and Sumber in order of birth (Give name in full) (Surname) (Give name in full) (Give name in full)	
Op the person who made the original) Supplementary report of Birth County Registrar's No.* Step of Birth (Registration District) EX OF CHILD. Twin Mole Triplet and of birth OATE OF BIRTH. Supplementary report of birth OATE OF BIRTH. Supplementary report of birth (Give name in full) (Surname) (Month) (Day) (Year)	<i>1</i> 2
Place of Birth Slobe any County Registrar's No. St (Registration District) EX OF CHILD. Twin Mole or other? Rings and of birth DATE OF BIRTH. Suly (Day) (Year) (Morth) (Day) (Year) (Give name in full) (Surname)	
(Registration District) EX OF CHILD* Twin Mole Triplet and In order in order of birth DATE OF BIRTH* July 4 /9/5 (Month) (Day) (Year) THEREBY CERTIFY that the child described herein has been named Control of birth (Give name in full) (Surname)	.
Number Triplet and in order of birth Male or other? Rings and in order of birth DATE OF BIRTH* July 4 /8/5 (Give name in full) (Month) (Day) (Year)	t.
Number Triplet and in order of birth Male or other? Rings and in order of birth DATE OF BIRTH* July 4 /8/5 (Give name in full) (Month) (Day) (Year)	
(Month) (Day) (Year)	
(Mary) (Day) (Teal)	
FATHER PACE VOWE	1,2
NAME Williams Holsey (Parent's Signature)	
MAIDEN Minnie Wilson Haber (Signature of Physician or Midwife)	
*These items to be entered by the local registrar before giving out this form.	_